

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 14-SEP-2015		TIME 21:38:00	2 ADDRESS OF OCCURRENCE 1011 N LARAMIE AVE CHICAGO, IL 60651				3. LOCATION CODE 291	4. BEAT/OCUR 1531					
MEMBER INVOLVED <input type="checkbox"/> DNA	5 POSITION 9161	6 LAST NAME LESCH	7 FIRST NAME NICHOLAUS G	8 STAR NO. 13061	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE WHI	11 AGE 601	12 HT. 180					
	14. DATE OF APPT 29-NOV-2004	15 EMPLOYEE NO. [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 313 6734E	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
SUBJECT INFORMATION <input type="checkbox"/> DNA	20 LAST NAME HARRINGTON	21 FIRST NAME PARES	22. MI [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE BLK	25 D.O.B. [REDACTED]	26 HT. 602	27 WT. 180					
	28 TELEPHONE NO. [REDACTED]	29. WAS SUBJECT ARMED/FIREARM - SEMI-AUTOMATIC, FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	30. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL		34. BY WHOM? DICKERSON	35 CONDITION <input checked="" type="checkbox"/> 03 Hospitalized	36. CHARGES PLACED [REDACTED]	37. CB NO. 19187856	IR NO [REDACTED]	DNA						
REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		ASSAULTANT: ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ASSAULTANT: BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		ASSAULTANT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER POINTED 9MM HANDGUN AT OFFICER _____						
	MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLD <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CAN-NIE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Strike) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> CITHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPONS (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input checked="" type="checkbox"/> OTHER _____						
WEAPON DISCHARGE INCIDENT <input type="checkbox"/> DNA	40 ADDITIONAL INFORMATION POINTED 9MM HANDGUN AT OFFICER												
	POSITION	STAR NO	UNIT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR						
45. MAKE/MANUFACTURER GLOCK, INC - AU-	46. MODEL 21	47. BARREL LENGTH 4	48. CALIBER/GAUGE 45 CAL										
49. TASER DART ID NO	50. WEAPON SERIAL NO. (Include Letters) YSA883	51. CHICAGO GUN REG. NO R037332S	52. IL FIREARM OWNER ID NO [REDACTED]	53. HANDGUN CERTIFICATE NO. 12									
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO	56. TYPE OF AMMUNITION USED Department Issued	57. NO OF WEAPONS DISCHARGED BY THIS MEMBER 1	58. TOTAL NO. OF SHOTS MEMBER FIRED 12									
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/SHOT SHELLS RELOADED 13	62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW									
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD EMERGENCY RELOAD NONE			65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO										
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, CDRWAYS, CAR, FURNITURE, ETC) NONE			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input checked="" type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT										
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)										
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.								73. REPORTING MEMBER (Print Name) LESCH, NICHOLAUS G 15-SEP-2015 03:04:19	STAR/EMPLOYEE NO 13061	SIGNATURE [REDACTED]		
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.								74. REVIEWING SUPERVISOR (Print Name) RYAN, JOHN C	STAR NO 377	SIGNATURE [REDACTED]	DATE REVIEWED 15-SEP-2015	TIME 13:21:17

152571668
HY42360
7112320
7112320

Attachment 8
LOG# 1077146

WEAPON DISCHARGE INCIDENT

39 <input type="checkbox"/> DNA	41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR			
			45. MAKE/MANUFACTURER GLOCK, INC.-AU-		46. MODEL 21	47. BARREL LENGTH 4	48. CALIBER/GAUGE 45 CAL			
	49. TASER DART ID NO YSA883		50. WEAPON SERIAL No. (Include Letters) R037332S		51. CHICAGO GUN REG. NO. R037332S		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO	
	54. SPECIAL WEAPON CERTIFICATE NO		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 12	
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED 13		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)			
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD EMERGENCY RELOAD		65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT HOLES, DOORWAYS, CAR, FURNITURE, ETC) NONE					67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input checked="" type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT				
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN					69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)				
	TO EIN: NO 1525716608									

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

76 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Offender Hospitalized.

76 LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer Nicholaus Lesch #13061 acted in compliance with Department policy. Officer Lesch fired his weapon striking offender HARRINGTON, Pares (IR #1955068) after offender HARRINGTON pointed his weapon at Officer Lesch thus placing him in fear of his life. Log Number 1077146 was issued for this incident. U#15-022.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO 1077146 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE

DATE COMPLETED

TIME

15-SEP-2015 03:08:48

79 TOTAL TRRS THIS EVENT No.

1